

Evidence-Based Medicine Workgroup

December 19, 2011

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Chair

Blood Wastage Collaborative

- Project was a successful effort between Red Cross, LifeBridge Health, DHMH, JHH, and UMM
- Blood banks found tracking the data time-consuming, so will continue to operate using learned best practices but not enter monthly data
- National Office, American Red Cross, considering use of inventory visibility system in other regions
- Final tally: 1663 units saved, \$558,833.

Hand Hygiene Project

- Management of data has been transitioned from Johns Hopkins to MPSC.
- Agreement around following tenets:
 - MHQCC will continue as input, guidance, strategy advisor
 - MPSC will continue as project lead, engaging w/ stakeholders
 - MPSC will convene staff for training sessions, recommendations
 - MPSC will accelerate sharing of de-identified results with hospital participants to facilitate engagement and improvement
 - MPSC, MHA, and MHCC to work closely for relating HH and HAIs

Hand Hygiene - Phase II

- Actions around entering new phase of project
 - New staff support to facilitate MPSC management of data
 - MPSC re-engaging hospitals
 - New round of letters to CEOs
 - JHH addressing HandStats system questions
- Meeting on Dec 6 with MPSC & stakeholders
 - Learnings to date about compliance
 - Learnings about running collaborative
 - Assessment of what's worked well and what opportunities for change can be addressed

The Maryland Hand Hygiene Collaborative

Governor's Quality and Cost Council

December 19, 2011

Maryland Hand Hygiene Collaborative

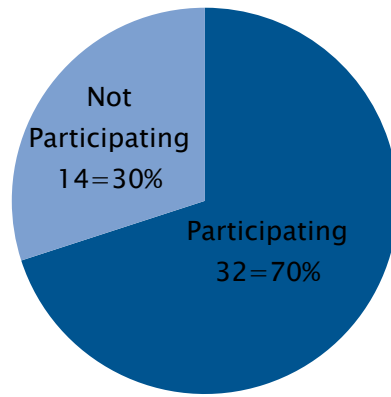
- Partnership with the Governor's Quality and Cost Council
- **Goal:** reduce hospital preventable infections through better hand hygiene
- **Timing:** underway for 21 months
- **Funding:** ended
- Data management transferred from Johns Hopkins to Delmarva Foundation – October 2011

Hand Hygiene Data

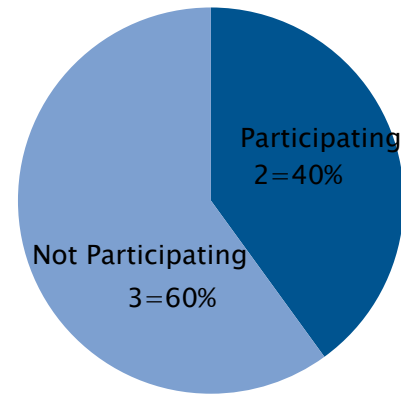
- Data: October 2010 - September 2011
- Hand Hygiene Compliance Rate
 - ✓ Numerator: Number of observed staff cleansing hands on exit
 - ✓ Denominator: Number of observed staff entering and exiting a patient's room
 - ✓ Documented monthly by unknown, trained observers
- Analysis of hospitals meeting minimum inclusion criteria
 - ✓ 80% of a hospital's required reporting departments with at least 30 data points in the denominator for the month
 - ✓ Required departments: Medical/Surgical CCU, Pediatric CCU, Adult Inpatient, and Pediatric Inpatient

Measurement Engagement

Acute Care ($N_{AC}=46$)



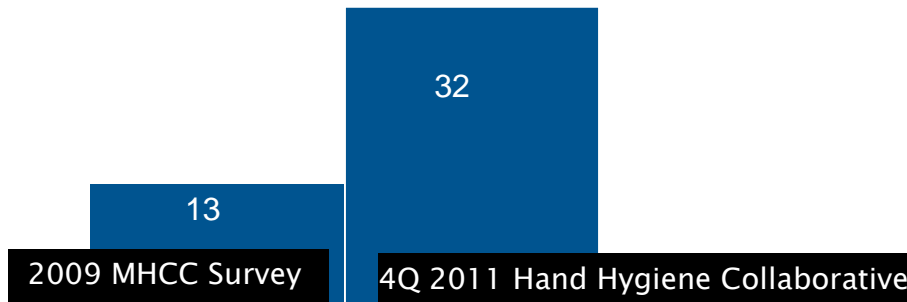
Specialty Care ($N_{SC}=5$)



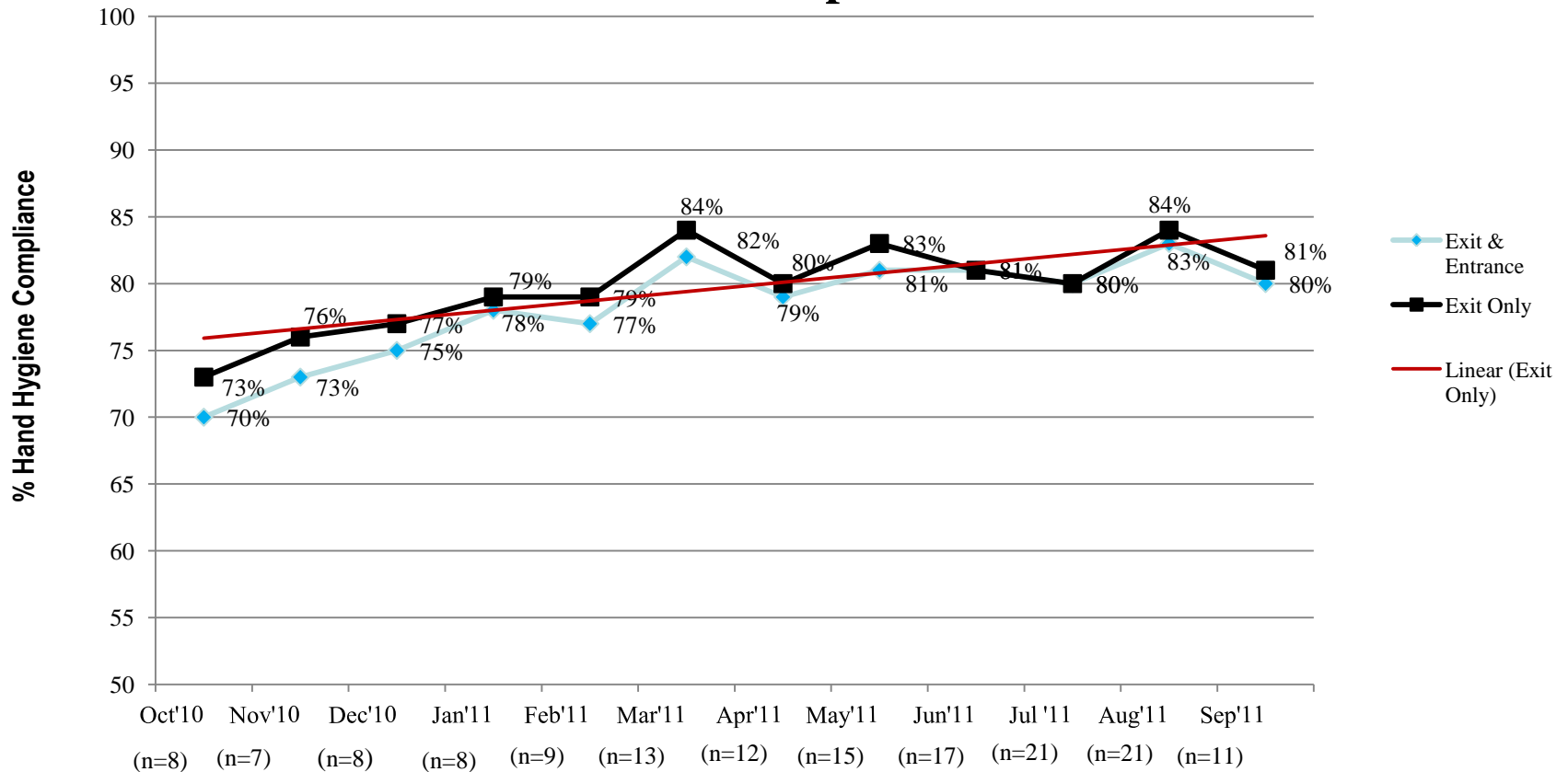
N_{AC} =Number of acute care hospitals in Maryland for 2011.

N_{SC} =Number of specialty care hospitals in Maryland for 2011.

Hospitals Using Unknown Observers & Collecting Exit Observations



Hand Hygiene Compliance Rate - by Month October 2010-September 2011



Conclusions:

Hand Hygiene Compliance

- Results show a steady 12-month upward trend in:
 - ✓ pediatric critical care units
 - ✓ medical/surgical critical care units
 - ✓ adult inpatient ward

- Results show a 12-month high, but declining trend in:
 - ✓ neonatal intensive care units
 - ✓ pediatric inpatient ward

- “Exit Only” and “Entrance and Exit” observations comparison shows measures are very similar

Maryland Hand Hygiene Collaborative: Next Steps

- **Maryland Healthcare Quality and Cost Council –**
Input, guidance and strategic advice on goals and objectives
 - ✓ Receive periodic progress reports
 - ✓ Review high-level indicators

- **Hand Hygiene Steering Committee –**
Input and guidance on specific activities:
 - ✓ Maryland Patient Safety Center, Delmarva, Department of Health and Mental Hygiene
 - ✓ Review data and outcomes in detail
 - ✓ Generate ideas for advancement of the effort

Maryland Hand Hygiene Collaborative: Next Steps

- **Maryland Patient Safety Center –**

Leading 2nd phase of Hand Hygiene Collaborative:

- ✓ Manage all aspects of collaborative including data collection, reporting, coaching calls, technical support, learning sessions, outcome conferences
- ✓ Working with partners (MHA, Delmarva) and supporters (DHMH, MHQCC) to achieve objectives

Maryland Hand Hygiene Collaborative: Next Steps

- ✓ Share de-identified results with hospitals
- ✓ Develop a new set of CEO-level standardized reports on hand hygiene compliance rates
- ✓ Integrate with CEO-level standardized reports on infections in hospitals (CLABSI; CAUTI)
- ✓ Facilitate continued and increased participation among hospitals and units

Linkage of HAIs to HH compliance

- MHCC staff willing to produce preliminary report of CLABSI rates by hospital by month (FY2010 and FY2011) for MPSC to use to compare to hand hygiene compliance data
- Surgical site infection (SSI) data to be available between July and October, 2012
- Multiply Drug Resistant Organism (MDRO) data to be available in 2013

Topics Considered and Not Selected by Workgroup

- Mandatory influenza vaccine for healthcare workers, focus on physicians
- Care Transitions—possibly standardize hospital to nursing home transfer process
- Bloodstream infection reduction in kidney dialysis units
- Pressure Ulcer Reduction Program

Topics Considered and Not Selected cont'd

- Smoking cessation program in inpatient setting:
 - Workgroup suggested another venue for this project
 - DHMH representative on workgroup suggests topic be addressed as a chronic disease topic for public health services

Potential New Project: Academic Detailing

- Maryland Medicaid has created a partnership with Maryland Health Insurance Program and State Employees Health Benefit Program.
- Further exploration underway
- Plan to be presented to Council at March meeting

Other Possible Future Projects

- Implement Hand Hygiene Campaign in other care settings
 - Schools; Nursing Homes; Rehab; Outpt. Centers
 - Expanded partnerships being explored
- Medication Reconciliation, including link to academic detailing to support medication reconciliation

Future Directions

- Harm Avoidance
 - Deep Vein Thrombosis (DVT) prevention
 - Others?
- Wastage
 - Clinical, Operational, Financial
 - Workgroup to identify projects in these areas